



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

CREDIT COUNSELOR LICENSE APPLICATION

S.C. Code Ann. § 37-7-101 through - 122.

www.sccconsumer.gov

803-734-4236

Mailing Address

P.O. Box 5757
Columbia, SC 29250-5757

Street Address

3600 Forest Drive, 3rd Floor
Columbia, SC 29204-4406

DO NOT FAX THIS FORM

(An original, signed and notarized form is required)

This form may be duplicated. **Print legibly or type information requested on the form in its entirety.** If any of the information on this form changes, submit a revised form to the department. Incomplete information could result in delay or denial of your application. When completing the application, attach additional page(s) as necessary.

1. Company Name: _____ Company License Number: _____
(Current Employer)

2. Address(es) Where Employed: _____
(Street) (City) (State) (Zip Code)

*All addresses where employed must be listed. Attach additional page as necessary

3. Your Legal Name: _____
(Last) (First) (Middle)

Have you been known by any other name? ☐ YES ☐ NO If yes, state the name: _____
(Ex. Maiden name, etc.)

4. Business Relationship or Title: _____ Percentage of Ownership _____

5. Resident Address: _____ How long at this address? _____
(Street)

(City)

(State)

(Zip Code)

(County)

6. Work Telephone Number: () - _____ Home Telephone Number: () - _____

Fax Number: () - _____ E-Mail Address: _____

7. Date of Birth: / / _____ Place of Birth: _____ SSN: - - _____

8. Driver's License Number: _____ State and Date of Issue: _____

9. REASON FOR SUBMISSION

(Check the appropriate box and give complete information for each section checked)

☐ **Initial Application**

☐ **Renewal Application**

☐ **Name Change** (Give your new legal name) _____
(Last) (First) (Middle)

☐ **Home Address Change** (Former Home Address) _____
(Street) () - _____
(City) (State) (Zip Code) (Telephone Number)

[illegible]

(License Number)

(Zip Code)

()

(Telephone Number)

(Zip Code)

School	Address	Dates Attended	Degree Earned
1.			
2.			
3.			
4.			

- [illegible]

If you answer "YES" to any question, attach a separate sheet giving complete details.

□ □

□ □

□ □

□ □

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17. Has ANY licensing or other credentialing agency ever taken any disciplinary action against you, including, but not limited to, any warning, reprimand, suspension, probation, limitation, or revocation? Provide details, including the name of the agency and date of the action. ☐ ☐
18. Is disciplinary action pending against you in any jurisdiction? Provide details, including the name of the agency and status of the action. ☐ ☐
19. Do you currently hold, or have you in the past held, any license issued by the State of South Carolina? (Do not include your driver's license). ☐ ☐
20. Have you read and are you familiar with State and Federal Credit Laws, such as the Fair Credit Reporting Act, 15 U.S.C. §1681 et seq., Fair Debt Collection Practices Act, 15 U.S.C. § 1692 et seq., and Bankruptcy Abuse Prevention and Consumer Protection Act of 2005, U.S. Public Law 109-8? ☐ ☐
21. Have you read and are you familiar with the Consumer Credit Counseling Act, S.C. Code Ann. § 37-7-101 et seq.? (Must answer YES if you work in the credit counseling business) ☐ ☐

22. **Other Attachments** (Please use the checklist below to verify your application is complete)

INCOMPLETE INFORMATION COULD RESULT IN DELAY OR DENIAL OF YOUR APPLICATION

\$40.00 Application/Renewal Fee

CHECK
HERE

☐

Request a Criminal History Check from the State Police in Your Place of Residence. The report must be sent directly to the Department.

☐

I swear or affirm and certify that I have completed and/or reviewed all information on this form and that all information contained herein is true, current and correct. I further certify that I understand that giving false information constitutes cause for denial or revocation of the application and subjects me to criminal prosecution for perjury. I acknowledge that I have a duty and agree to update and correct this information as it changes. Additionally, **I acknowledge that pursuant to S.C. Code 37-7-101 through -122, a criminal records check is required for all applicants.**

Signature of Credit Counselor

Type or Print your name and Business Relationship or Title

SWORN TO AND SUBSCRIBED before me
this _____ day of _____, 20__

Notary Public For _____

My Commission Expires: _____

The South Carolina Freedom of Information Act may require the Department of Consumer Affairs to release this form as a public record; however personal identifying information will be released only if required by law.